



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800005

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KITTY'S RESTAURANT & LOUNGE, INC.

DOING BUSINESS AS

ADDRESS 123 MAIN ST.

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: WHITE, RONALD TYPE OF LICENSE: Restaurant
H.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

150'X140' BLDG. FIRST FLOOR: 3 DINING ROOMS, KITCHEN, BASEMENT FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800006

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TO THE DOGS RESTAURANT MANAGEMENT CORP.

DOING BUSINESS AS SPORTS, SPIRITS, AND STEAKS

ADDRESS 178 MAIN ST.

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: FITZSIMONS, EDW TYPE OF LICENSE: Restaurant
ARD

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS FIRST FLOOR, CELLAR FOR STORAGE.

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3. the premises are now open for business (If not explain below)

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800007

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORTH READING CHRISTOPHER CLUB INC.

DOING BUSINESS AS

ADDRESS 250 MAIN ST.

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: CORCORAN,
JOHN P.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800009

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HORSESHOE CAFÉ INC.

DOING BUSINESS AS HORSESHOE GRILLE

ADDRESS 00226A MAIN ST.

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: LEE, PATRICK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY C.B. BUILDING. FOUR ROOMS, NO CELLAR.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800011

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LOYAL ORDER OF MOOSE #1511

DOING BUSINESS A

ADDRESS 140 NORTH ST.

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: STONE, JOHN

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS: ONE ROOM FIRST, TWO ROOMS SECOND, CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800012

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: B&D GOLF ENTERPIRSES, INC.

DOING BUSINESS A

ADDRESS 149 NORTH STREET

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: PAGE, BURTON H. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR: LOUNGE, DINING ROOM, BASEMENT: LOUNGE, DINING ROOM, STORAGE AREA.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800013

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RSS CONVENIENCE, INC.

DOING BUSINESS AS CONVENIENCE PLUS

ADDRESS 7 MAIN ST

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: RAZZZL,
MOHAMMED
ABDUR

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CB FRAME CONSTRUCTION, TOTAL 2800S.F. EGRESS TO FRONT & REAR.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800014

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 211 LOWELL ST CORP

DOING BUSINESS AS EAST GATE LIQUORS

ADDRESS 14 MAIN ST

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: WALLS, DANIEL J. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL - 8075 S/F; BACKROOM-5865 S/F; FULL PACKAGE STORE AND DISCOUNT FOOD.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 083800015

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ONE STOP LIQUORS INC.

DOING BUSINESS AS

ADDRESS 265 MAIN STREET

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: SILVA, MANUEL TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
C.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, FRONT STORE, COLD CHEST AND BACK ROOM FOR STORAGE; APPROX.
6,000 SQ. FT.

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800017

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHIVA ENTERPRISES, INC.

DOING BUSINESS AS CHRISTOPHER'S MARKET

ADDRESS 2 WASHINGTON ST

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: AGGARWAL,
NISHI

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE-STORY BLDG., NO CELLAR. ONE ROOM FOR SELLING, ONE FOR STORAGE, BACK
ROOM FOR OFFICE & SUPPLIES.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800018

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PENDLETON VENTURES, INC

DOING BUSINESS AS TEDESCHI FOOD SHOPS

ADDRESS 202 NORTH ST

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: PENDLETON,
SHAUNA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG., NO CELLAR, ONE BACK ROOM FOR STORAGE, 2 LAVATORIES.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

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LOCAL LICENSING AUTHORITY

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800019

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW ENGLAND BEVERAGE AND REDEMPTION CORP

DOING BUSINESS A

ADDRESS 160 MAIN ST

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: ANTONUCCI,
ALEXANDER

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG OCCUPYING 9980 SQ FT. SELLING SPACE ON FIRST FLOOR; OFFICES &
STORAGE ON SECOND

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800022

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Hess Mart of Massachusetts, LLC

DOING BUSINESS A Hess Express 21223

ADDRESS 231 MAIN ST

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: GILBERTI, DONNA TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONVENIENCE STORE CONSTRUCTED OF SPLIT BLOCK AND ALUMINUM AND GLASS
STORE FRONT

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800024

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ORAZIO, INC

DOING BUSINESS AS MARIO'S PIZZERIA AND RESTAURANT

ADDRESS 00020G MAIN ST

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: GUEVARA,
ALFINA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG OF APPROX 1120 SQ FT WITH KITCHEN, DINING AREA AND
RESTROOMS; ENTRANCE AND EXIT DOORS LOCATED IN FRONT AND REAR OF BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800025

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHINA CUISINE, INC.

DOING BUSINESS AS CHINA CUISINE RESTAURANT

ADDRESS 235 MAIN ST.

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: HUI, MAY C.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG OF APPROX 4000 SQ FT WITH KITCHEN, DINING ROOM AND RESTROOMS; ENTRANCE AND EGRESS LOCATED IN FRONT AND REAR OF BLDG

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800028

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MOLLY'S STORE, INC

DOING BUSINESS A RYER'S STORE

ADDRESS 162 PARK ST.

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: HALL, JUDITH A

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. TOTALING 3,331 SQ.FT. WITH ONE MAIN ENTERANCE, ONE REAR EXIT AND TWO DELIVERY DOORS. 1ST FLOOR; ONE ROOM FOR SALES, 2 ROOMS FOR STORAGE. 2ND. FLOOR FOUR ROOMS FOR STORAGE, TWO ROOMS FOR OFFICES. FIRST FLOOR UNIT OF APPROX 2,348 SQ. FT. WITH FRONT STORE, COLD CHEST AND BACKROOM FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800029

CITY OR TOWN NORTH READING

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GREAT AMERICAN TAVERN, LLC

DOING BUSINESS AS GREAT AMERICAN TAVERN

ADDRESS 303 MAIN STREET

CITY/TOWN: NORTH READING

STATE: MA

ZIP CODE: 01864

MANAGER: BIANCHI, RENEE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH SEATING CAPACITY FOR 200 PEOPLE; ENTRANCE AND EGRESS
LOCATED IN FRONT AND REAR OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)